


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>1-16-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100381</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-28-09</i> <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>Cleared 1/24/09, letter attached.</i> 	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE

January 15, 2009

RECEIVED

JAN 16 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

RE: Mr. Nathaniel Blue
SSN: 102-50-3152

Dear Ms. Forkner:

Enclosed is a copy of correspondence I have received from the above named constituent. I believe you will find it self-explanatory.

Your reviewing this material and providing any assistance or information possible under the governing statutes and regulations will be greatly appreciated. Thank you for your attention in this matter. I look forward to hearing from you soon.

Sincerely,

A handwritten signature in dark ink, appearing to be "L. Graham", written over a horizontal line.

Lindsey O. Graham
United States Senator

LOG/lt

Enclosure

Please reply to: Senator Lindsey Graham
530 Johnnie Dods Boulevard, Suite 202
Mt Pleasant, South Carolina 29464

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST EVANS STREET
SUITE 228B
FLORENCE, SC 29501
(843) 689-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 849-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2828

135 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 888-3330

AUTHORIZATION FORM

I hereby authorize United States Senator Lindsey O. Graham to receive any information from agencies pertaining to my request below. This authorization is in accordance with the provisions of the Privacy Act of 1974.

(PLEASE TYPE OR PRINT BELOW.)

Name: Nathaniel Blue Phone: (843) 846-2576

Address: 85 Johnson Rd.

City: Sheldon State: SC. Zip: 29941

Social Security Number: 102-50-3152 VA Number: _____

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of this form or an additional piece of paper.)

I have NO means to pay for medicine
that I must have. I would like
medical coverage so I can go to
Rehabs and not once again
independence

Signature:  Date: _____

Please return form to: U.S. Senator Lindsey O. Graham
530 Johnnie Dadds Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464

DEC 29 2008

P.O. Box 82
Sheldon, SC 29941

December 19, 2008

RECEIVED

JAN 16 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

United States Senator Lindsey Graham
508 Hampton Street- Suite 202
Columbia, SC 29201

Re: Nathaniel Blue- SS#102-50-3152

Dear Senator Graham:

I hope that this letter finds you in good health, and enjoying the holiday season. I am writing to ask for your assistance.

My name is Nathaniel Blue. In August, 2008, I became a victim of a violent crime in Beaufort, SC. This travesty has left me unable to move my body from the waist down. I am in immediate need of rehabilitative services. I presently reside at my father's house, and receive no physical therapy. I need help.

I filed an application for medicaid in September, 2008. However, I have not heard from them as to the status of my case. My lack of health insurance prohibits me from receiving much needed physical rehabilitative services.

My application for medicaid was filed with the Beaufort County Department of Social Services, 1905 Duke Street, Beaufort, SC 29902. Their telephone number is (843) 470-4600.

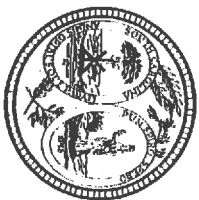
In September, 2008, I filed an application for Supplemental Security Income, as well as Social Security Disability. I have not received any correspondence from them as to the status of my application. I only want to know what's going on, as I don't have an income.

I am desperately in need of health and financial assistance. Especially since I am a victim of a crime. My quality of life is dependent on me being able to sustain myself. I would appreciate it very much if you would look into this matter and provide some insight as to what is going on.

Thanking you in advance,



Nathaniel Blue



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 26, 2009

The Honorable Lindsey Graham
United States Senate
530 Johnnie Dods Boulevard, Suite 202
Mount Pleasant, South Carolina 29464

Dear Senator Graham:

Thank you for contacting our agency on behalf of Mr. Nathaniel Blue regarding Medicaid eligibility and his healthcare needs.

A member of our staff has been in direct contact with Mr. Blue to address his questions and concerns. We provided Mr. Blue with a contact person in the Beaufort office as well as a contact here in Columbia.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcle

Log # 0381





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 22, 2009

Mr. Nathaniel Blue
Post Office Box 82
Sheldon, South Carolina 29941

Dear Mr. Blue:

Senator Lindsey Graham asked our agency to assist with your questions concerning Medicaid eligibility and your healthcare needs.

We are happy to inform you that your Medicaid application was approved retroactively to July 1, 2008, and you are eligible to receive rehabilitation services through our Home and Community Based Services waiver program.

You should have received your notice of eligibility and our *Healthy Connections* Medicaid card and handbook. If you need to contact your eligibility worker in Beaufort County, please call Ms. Golinda Evans at (843) 470-4632.

We hope this information is helpful. If you have any questions about the Medicaid program, please contact Ms. Denise Epps in Constituent Services at (803) 898-2505 or (toll-free) at 1-888-549-0820, Ext. 2505.

Sincerely,

Alicia Jacobs
Alicia Jacobs
Deputy Director

AJ/cle